

Understanding Sexual Assaults

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Understanding Sexual Assault

- The Crimes of Sexual Assault
- Statistics
- Myths
- Impact
- Sexual Assault Investigations
- Role of the Victim Assistant

What are the Crimes?

Rape

- Penile-vaginal intercourse with force and without consent
- Even slight penetration is sufficient to complete the offense

Sex Crimes

Carnal Knowledge

- Penile-vaginal intercourse with someone under 16 years of age

Sex Crimes

Assault with Intent to Commit Rape
or Sodomy

Indecent Assault

- Intent to gratify the lust or sexual desires of the accused

Sex Crimes

Sodomy

- An act whereby one person takes into the mouth or anus the sexual organ of another person or animal; places his/her sexual organ in the mouth or anus of another person or of an animal; places his/her sexual organ in any opening of the body other than the sexual parts of another person; or has penile-vaginal intercourse with an animal

Sex Crimes

Indecent Acts or Liberties with a Child

- An indecent act upon or with the body of someone under 16 years of age
- Intent to arouse, appeal to, or gratify the lust, passions, or sexual desires of the accused, the victim, or both

Sex Crimes

Indecent Exposure

- Willfully and wrongfully exposing a certain part of the body to public view in an indecent manner

Some Facts About Rape

- National Center for Victims of Crime
 - 1.3 women forcibly raped every minute
 - 78 women are forcibly raped each hour
 - 1871 women are forcibly raped each day
 - 56,916 forcible rapes every month
 - 683,000 women are forcibly raped yearly

More Facts

- **1 out of 8 women have been the victims of forcible rape**
- **In 1999:**
 - **20% Increase in Rapes**
 - **33% Increase in Sexual Assaults**
- **70% of victims knew their attacker**
- **77% of cases involved no weapon other than hands, fists or feet...**

Rape in the Military

- Survey of 583 women who had served since Vietnam era:
 - Respondants reported:
 - **48% experienced violence of some kind**
 - **30% experienced rape**
 - **33% experienced physical assault**
 - **16% experienced both sexual and physical assault**
- All while in military service**

In the Military...

- VA Women's Health Study (n = 3632)
 - **55% reported sexual harassment**
 - **23% reported being sexually assaulted**

(J of Interpersonal Violence, Mar 2000)
- Prevalence in Army Sample:
 - **23% of females reported a completed rape**
 - **51% of females reported a sexual assault**
 - **7% of males reported a sexual assault**
 - **Most assaults occurred prior to entry into service**

(Military Medicine, Apr 1998)

Perpetrators

- National Victim Center (Survey of 4,000)
 - 13% admitted to being raped
 - 9% of victims raped by ex-husbands
 - 11% of victims raped by step-fathers
 - 16% of victims raped by other relatives
 - 10% were raped by ex-boyfriends
 - 29% raped by non-relatives
 - 3% of victims could not ID perpetrator

Rape Myths

- Rape is a crime of passion
- Women who are careful don't get raped
- Women secretly want to be raped
- The rapist is usually a stranger
- Most reports of sexual assault are false
- Men needn't worry about being raped
- Rape can't happen to me

More Rape Myths

- Only the young and attractive are raped
- Only those who are provocative are raped
- Rape is not a big deal – it is only sex
- Most rapes are interracial
- Most non-acquaintance rapes are planned
- Rapists are usually sexual deviants

Common Themes in Military Sex Assaults

- Alcohol use/Abuse
- Acquaintance or Co-worker
- Consent is muddy issue
 - Clothing removal typically not forcible
 - “I didn’t want to..but didn’t say anything”
 - “She didn’t say ‘no’”
 - “She said ‘no’ but I thought she was kidding...”
- Both victim and alleged perpetrator are commonly junior in rank and in their 20’s

Impact of Sex Assault

- Decreased Readiness
 - VA Women's Health Study
 - **Depression three times more prevalent**
 - **Alcohol abuse twice as prevalent**

(J of Traumatic Stress, Oct 1999)
 - Post Traumatic Stress Disorder
 - **Study of 160 Army females, post Gulf War**
 - **Sex Assault/Harassment more closely related to anxiety symptoms than combat stress**

(J of Interpersonal Violence, Feb 1998)

Impact of Sex Assault

Common Reactions to Rape

- No longer feel safe
- Loss of control over life as it was before
- Loss of self-worth – feeling damaged
- Isolation/loneliness
- Distrust – don't feel safe with anyone
- Guilt – “must have done something to provoke the attack”

Impact of Sex Assault

- Failure – let down self, family, and friends
- Shame/humiliation – feeling unclean
- Anger/outrage – at the rapist, advocate, unsympathetic people, and/or God
- Fear – of being attacked again, of the stigma as a rape victim, of own anger and thoughts of retaliation
- Embarrassment – over physical details of the rape, over admitting they were raped

Impact of Sex Assault

- Depression – as a result of a loss of hope, loss of meaning in life
- Sleeplessness/nightmares
- Phobias – intense fears about things associated with the rape (e.g., fear of leaving the house)
- Fear of spiritual abandonment – b/c rape happened, God has abandoned him/her
- Suicidal ideation

Rape Trauma Syndrome

Rape Trauma Syndrome: The emotional, psychological, and social impact of rape

Immediately After Rape

- Victims may exhibit fear, anger, and/or outrage, or
- By adopting a controlled style of response, exhibit little visible reaction

Rape Trauma Syndrome

First few days/weeks

- Victim may experience acute physical sx's: bruising and soreness, especially in the neck, throat, arms and legs; gynecological
- Disturbance in sleep patterns, including getting to sleep, crying out at night, and mumbling during sleep; headaches; fatigue
- Victims may report feeling distressed, irritable, and jumpy

Rape Trauma Syndrome

- Loss of appetite is also common
- Victims may also experience sense of disorganization in which their lifestyles are disrupted by the rape crisis
- Emotionally: fear dominates, but shame, humiliation, degradation, guilt, anger, self-blame and revenge are also common

Rape Trauma Syndrome

Long term

- Victims attempt to reorganize their lives but typically have difficulty returning to their daily schedule of activities
- General sleeplessness may continue, marked by dreams and nightmares
- Fears and phobias may develop
- Sexual concerns are widespread

Rape Trauma Syndrome

Those close to victims

- Parents/spouses may exhibit physical and emotional symptoms similar to victim's
- Close relationships are altered as loved ones struggle to cope with the crime and victim
- Family and friends may become over-protective or patronizing
- Pre-existing intimate relationships may be destroyed

Stages of Adjustment

- SHOCK – “I’m numb”
- DENIAL – “This can’t have happened”
- ANGER – “What did I do? Why me?”
- BARGAINING – “Pretend it didn’t happen”
- DEPRESSION – “I feel so dirty and worthless”
- ACCEPTANCE – “Life can go on”
- ASSIMILATION – “It’s part of my life”

Adapted from Raped, Deborah Roberts, Zondervan Publishing House, 1981, pp 157-159

The Investigation

- Many reports come in late to law enforcement
 - Sometimes days or weeks after the assault
 - Limits evidentiary support of allegation
 - Witness testimony subject to recall bias

Investigation

- Many sexual assaults are never reported...
 - Embarrassment
 - Feelings of Guilt/Remorse
 - Rape victim label
 - “Good Troop” vs. “Problem Child”
 - Intimidation by perpetrator & his friends

Investigation

- Reporting to Law Enforcement
- Complaint Taken
- Evidentiary Searches
 - Scene
 - Dorm Room
 - NCO Club
 - Empty lot or other secluded areas
 - Victim's Body

Sex Assault Protocol Kit

- Standardized approach to evidence collection from the victim's body
- One kit used by Army, Navy and Air Force
 - Approved by US Army Crime Lab
- A must for evidentiary support of allegation
 - But...victims may be fearful of process!

Sex Assault Protocol

- What's Involved?
 - Careful collection of clothing at time of assault
 - External exam of victim's body and collection of trace evidence
 - Photographic and written record of any injury
 - Fluid draws, STD testing, vaginal and anal swabs for perpetrator's body fluids

But is the exam as bad as the assault?

- We hope not!
- We take every effort to ensure the victim's comfort and safety:
 - **Exam is usually conducted by a physician or a specially-trained nurse examiner**
 - **Law enforcement personnel are customarily NOT in the room**
 - **Victim's body is examined in portions**
 - Victim is draped/covered at all times
 - **Photos are taken of just the body part in question; the rest of the body should remain covered**

Possible Sources of Confusion

(Try to Avoid These!)

- Unfamiliarity of Law Enforcement Personnel with medical system
- On-call physicians for assault exams
 - Some victims have been made to wait for hours (this is bad!)
 - Worse: Victim and subject made to wait in the SAME AREA! NO! NO! NO!
Why is this bad....?

Sources of confusion

- Contract physicians for assault exams
 - **Some military treatment facilities contract with local providers for this very specialized service**
 - **Physicians are often called to testify about the evidence they recovered in the exam**
 - **A “G.P.” doc is NOT well prepared to do this exam -- and many will refuse to do it**
 - **Most contract hospitals have specially trained physicians for sex assault exams**
 - **The better hospitals also provide this service for local law enforcement**

More Confusion/Problems

- Photography support may only come in the “male” variety -- or not at all
- If the victim is civilian, some bases may not agree to pay for the exam if done off-base. Victims sometimes get a bill in the mail
- Victims may not have been told to bring clothing to wear home from the hospital (law enforcement keeps their clothing as evidence)

What about Perpetrators?

- They get exams, too...
- Often conducted under “Search Authority”
 - Military version of a search warrant
- Law enforcement SHOULD be in the room for physician safety
- What’s taken: Hair standards, body fluids, nail scrapings, photos of the body (absence/ presence of injury), etc.

Investigation: What's Next?

- There are numerous investigative steps:
 - Witness interviews
 - Evidence examination at a crime lab
 - Criminal history checks
 - Physician interviews
 - Subject interview (maybe polygraph?)
 - Records reviews

What takes so LONG?

- Army CID, NCIS and AFOSI have been urged to be more expedient
 - Most have improved their investigative cycle times
- Investigations are often a slow, methodical process by definition
- In USAF, 45 days to run a case is the goal

What takes so LONG?

- Things that slow down the process:
 - Crime Labs:
 - Many are overburdened with cases
 - Some scientific tests take a few days to run
 - Cases are “triaged” - those with pending court dates get first attention
 - Changing testimony (re-interviews...)
 - Busy agents, lawyers...and military missions
 - Geographic separation of witnesses (leads outside the local area)
 - Command interference

Stupid Perp Tricks

Date Rape Drugs: “I like my dates unconscious”

- Rohypnol
 - “Ruffies” - a benzodiazepine that when combined with alcohol produces short term amnesia and unconsciousness
 - Pills are ground up and slipped into alcoholic drink
 - Unconsciousness not immediate - most women function for some time before passing out
 - Memory is impaired; overdose is dangerous and sometimes life threatening

Rohypnol

- Drug is difficult to detect, due to short half life in body
 - After 12 hours, next to impossible find on a screen
- Not enough ingested for hair analysis
- Drug is easy to find, especially in border towns and overseas
 - Illegal in US, but not Mexico
- Groups of males are known to operate in an organized way to “hook up” and drug unsuspecting females

GHB

- Gamma Hydroxybutarate
 - Clear, odorless liquid that can be made in any chemistry lab
 - Recipes are available on the Internet
 - A natural substance in the body -- hard to detect in a normal drug screen
 - When mixed with alcohol causes sedation and memory impairment
 - Can be fatal in overdose quantities
 - Some abusers prefer GHB to alcohol -- by itself gives a good “drunk” and no hangover

Stupid Perp Tricks

Intimidation, Threats, and Assault

- If contacted by the perpetrator, victims should:
 - Make a record of the contact
 - Get a witness (if possible)
 - Immediately contact law enforcement
- Most perps should be given a “no contact” order by their commanding officer
 - Violation of Art 92, UCMJ

Stupid Perp Tricks

- Some allege victim misconduct
- Difficult situation
 - Sometimes requires a victim clarification interview
 - Sometimes requires victim criminal history check
 - “Rape Shield” vs. Legal Maneuvers

Stupid Perp Tricks

- Some talk to the victim in a “Pre-text Phone Call”
- Some shave their body hair (done mostly to prevent drug detection)
- Some cooperate and confess (we like it when that happens)
- Some re-offend while awaiting trial

Evidence Issues

- Bite Marks: Special photography and consult with a forensic odontologist
- DNA Analysis
 - Most crime labs now use relatively quick tests
 - DNA can individually ID a person (except for identical twins)
 - Can show contributors to mixed stains
 - Very resilient when samples are AIR DRIED and placed in non-airtight containers

Evidence Issues

- UV and IR Photography of healing injuries
 - Special lens and film
- Identi-Kit: Composite sketch of perpetrator (fairly long interview of victim required)
- Special Evidence Resources:
 - Air Force: Forensic Science Consultants - Stationed regionally at AFOSI offices
 - Army: US Army Crime Lab, Ft. Gillem, GA
 - Navy: Navy Crime Labs: Norfolk & San Diego
 - Defense Computer Forensic Lab, Baltimore

Victim Dynamics

- Victims may be ashamed of their behavior...
- Victims may withhold information that puts them in a “bad light”
- “Victims” may have other agendas
 - Boyfriend breakup - sympathy ploy
 - Attention-seeking behavior
 - Revenge
- Let law enforcement worry about these issues
 - But keep the communication lines open!

Victim Dynamics

- J of Interpersonal Violence, 2000
 - Some victims experience:
 - Positive support from friends/family
 - Neutral support
 - Negative support
 - Positive support was associated with better physical and mental health outcomes

Get victims help when needed!

- Active duty victims should see mental health
 - Early interventions work best
- Work with legal office to provide proper services to civilian victims
 - Most states have victim assistance/rape crisis centers
 - Rape crisis hotlines are often helpful
 - Money may be available for counseling (but each jurisdiction is different!)

Role of the Assistant

- Provide support and assurance to rape/assault victims and those associated with the victims
- Serve as “companion” for victims of rape/assault during medical, legal, and/or judicial/nonjudicial proceedings
- Provide empathy and emotional support, not counseling

What Assistants Need to Know

- What constitutes sexual assault
- Some of the more common myths
- Facts and stats that dispel the myths
- Impact of rape on victims and loved ones
- Rights of rape/sexual assault victims
- Services that are available to rape victims
- Medical, investigative, legal procedures followed by local/state/military officials

Victim Assistance Considerations

- Establish a personal relationship with:
 - CID, NCIS, AFOSI agents
 - MP Investigators, SP Investigators
 - Military Prosecutors & Defenders
 - Sex Assault Physicians & Nurses
 - Mental Health Providers
 - Chaplains
 - Local Victim Assistance Resources
- The more you “know” these people and how they work, the better you can explain things to a victim

Things to Know...

- Ask these agencies:
 - After hours contact information
 - Local procedures for sex assaults
 - Average or “goal” time to run a case
 - What you can do to help:
 - Victim info pamphlets on hand?
 - Victim resource info on hand?
 - Victim Advocate contact info on hand?

Victim Assistance Considerations

- Don't express frustration about another agency to a victim
 - This can further upset her/him and looks unprofessional
- Beware of taking sides; concentrate on support
- Report strange or suspicious behaviors to law enforcement, when appropriate
- Don't be afraid to interject persuasively when a victim is not being well represented

Understanding Sexual Assaults

Questions?